

Form **8843****Statement for Exempt Individuals and Individuals
With a Medical Condition**
For use by alien individuals only.

OMB No. 1545-0074

2012Attachment
Sequence No. **102**Department of the Treasury
Internal Revenue Service► Information about Form 8843 and its instructions is at www.irs.gov/form8843.

For the year January 1—December 31, 2012, or other tax year

beginning

, 2012, and ending

, 20

Your first name and initial

Sadia

Last name

Afroz

Your U.S. taxpayer identification number, if any

868-44-4031**Fill in your addresses
only if you are filing
this form by itself
and not with your tax
return**

Address in country of residence

Address in the United States

Part I General Information**1a** Type of U.S. visa (for example, F, J, M, Q, etc.) and date you entered the United States ► **F-1 Student; 08/10/2012****b** Current nonimmigrant status and date of change (see instructions) ► **F-1 Student; 08/10/2012****2** Of what country were you a citizen during the tax year? **BANGLADESH****3a** What country issued you a passport? **BANGLADESH****b** Enter your passport number ► **AA6676034****4a** Enter the actual number of days you were present in the United States during:2012 **144** 2011 **0** 2010 **0****b** Enter the number of days in 2012 you claim you can exclude for purposes of the substantial presence test ► **144****Part II Teachers and Trainees****5** For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2012 ►**6** For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2012 ►**7** Enter the type of U.S. visa (J or Q) you held during: ► 2006 _____ 2007 _____
2008 _____ 2009 _____ 2010 _____ 2011 _____. If the type of visa you held during any
of these years changed, attach a statement showing the new visa type and the date it was acquired.**8** Were you present in the United States as a teacher, trainee, or student for any part of 2 of the 6 prior calendar years
(2006 through 2011)? ☐ Yes ☐ No
If you checked the "Yes" box on line 8, you cannot exclude days of presence as a teacher or trainee unless you meet
the *Exception* explained in the instructions.**Part III Students****9** Enter the name, address, and telephone number of the academic institution you attended during 2012 ►**Virginia Polytechnic Institute and state University Blacksburg, Virginia-24061 Department of
ECE:(540) 231-3401****10** Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during
2012 ► **Name of school official: Zelma Harris Graduate school 0325 Graduate life****center, Blacksburg, VA 24061 (540) 231-8486****11** Enter the type of U.S. visa (F, J, M, or Q) you held during: ► 2006 _____ 2007 _____
2008 _____ 2009 _____ 2010 _____ 2011 _____. If the type of visa you held during any
of these years changed, attach a statement showing the new visa type and the date it was acquired.**12** Were you present in the United States as a teacher, trainee, or student for any part of more than 5 calendar years? . ☐ Yes ☒ No
If you checked the "Yes" box on line 12, you must provide sufficient facts on an attached statement to establish that
you do not intend to reside permanently in the United States.**13** During 2012, did you apply for, or take other affirmative steps to apply for, lawful permanent resident status in the
United States or have an application pending to change your status to that of a lawful permanent resident of the
United States? ☐ Yes ☒ No**14** If you checked the "Yes" box on line 13, explain ►

Part IV Professional Athletes

15 Enter the name of the charitable sports event(s) in the United States in which you competed during 2012 and the dates of competition ▶ _____

16 Enter the name(s) and employer identification number(s) of the charitable organization(s) that benefited from the sports event(s) ▶ _____

Note. You must attach a statement to verify that all of the net proceeds of the sports event(s) were contributed to the charitable organization(s) listed on line 16.

Part V Individuals With a Medical Condition or Medical Problem

17a Describe the medical condition or medical problem that prevented you from leaving the United States ▶ _____

b Enter the date you intended to leave the United States prior to the onset of the medical condition or medical problem described on line 17a ▶ _____

c Enter the date you actually left the United States ▶ _____

18 Physician's Statement:

I certify that _____
Name of taxpayer

was unable to leave the United States on the date shown on line 17b because of the medical condition or medical problem described on line 17a and there was no indication that his or her condition or problem was preexisting.

Name of physician or other medical official

Physician's or other medical official's address and telephone number

Physician's or other medical official's signature

Date

Sign here only if you are filing this form by itself and not with your tax return

Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to the best of my knowledge and belief, they are true, correct, and complete.

▶ _____ ▶ _____
Your signature Date

Name: Sadia Afroz

SSN or ITIN: 868-44-4031

SUBSTANTIAL PRESENCE TEST REPORT

Type	Primary	Date	Date	Country	Gap	
Visa	Cat	Act	Start	End	Code	Days
F-1	01	10-Aug-2012	23-May-2017	BG	0	

Year	Gross Days	Away Days	Net Days	Type	Date	Visa	First	Exempt	Foreign
				Visa	Acquired	Cat	Visa	Days	Funded
2012	144	0	144	F-1	10-Aug-12	Yes	2012	Yes	No

Year	Num	Curr Days	Prev Days	YrB4 Days	Test Days	Actual Days	First	Last	IRC	** Residency **
							Visa	Visa	FIT	Change Withholding
							Cat	Cat	Date	Date
2012	1	0	0	0	0	144	F-1	F-1	NRA	